



## Experiential Learning Grant Application Signature Page

The applicant's signature releases permission to review all academic progress as related to the request as well as giving permission to share their name and award information for publication. Furthermore, the applicant understands and agrees to the following conditions:

Failure to maintain eligibility and complete the experiential learning project for which grant funds have been awarded will require the reimbursement of those funds in full to the ASUMW Student Senate.

Experience One Grant funding is distributed through the Financial Aid Office. Experience One Grant funding may affect the applicant's financial aid eligibility. Please contact ASUMW at (406) 683-7211 with any questions.

Applicant Name: \_\_\_\_\_ 8000 \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*I hereby certify that the above named student intends to participate in the approved experiential learning project described in the Summary of Proposal section.*

\_\_\_\_\_  
Academic Advisor or Dept. Chair Signature

\_\_\_\_\_  
Date

*I hereby certify that the above named student is currently enrolled and in good standing with the University of Montana Western.*

\_\_\_\_\_  
Registrar's Office Signature

\_\_\_\_\_  
Date

Please return this signature page to: **ASUMW Student Senate**  
**(SUB Basement)**  
**The University of Montana Western**  
**710 S. Atlantic Street**  
**Dillon, MT 59725**